INDIANA DEPARTMENT OF CHILD SERVICES	**INDIANA DEPARTMENT OF CHILD SERVICES** **CHILD WELFARE MANUAL**	
	Chapter 8: Out-of-Home Services	**Effective Date:** June 1, 2008
	Section 32: Substance Abuse Assessments and Testing for Children in Out-of-Home Care	**Version:** 1

POLICY [NEW]

The Indiana Department of Child Services (DCS) will refer a child for a drug and alcohol assessment, if there is a concern regarding substance use and/or abuse by a child in out-of-home care, and ensure that the child has access to counseling, treatment, and necessary medical services if warranted by the assessment.

DCS will obtain consent from the child's parent, guardian, or custodian prior to referring a child for random drug and/or alcohol testing.

If the parent, guardian, or custodian denies consent for testing, a Child and Family Team (CFT) Meeting must be convened immediately to determine if DCS will seek a court order for authorization of the recommended testing. See separate policy, 5.7 Child and Family Team Meetings.

Code References

1. IC 12-23-12: Voluntary and Involuntary Treatment for Minors
2. 42 CFR Part 2: Confidentiality of Alcohol and Drug Abuse Patient Records; Subpart C 2.31 Form of Written Consent

PROCEDURE

The Family Case Manager (FCM) will:

1. Document any signs of drug and/or alcohol use witnessed during visits with the child and/or reports of drug and/or alcohol use made by the child or resource family;
2. Communicate with the child, parent, guardian, or custodian, and the resource family about concerns of suspected drug and/or alcohol use;
3. Refer the child for a drug and/or alcohol assessment if concerns are raised about suspected drug and/or alcohol use by the child;
4. Coordinate scheduling of and transportation to the drug and/or alcohol assessment appointment, and ensure that the assessment results are returned to the FCM;
5. Review assessment results with the child, the CFT, resource family, and parent, guardian, or custodian; and
6. Ensure that the child is transported to an emergency medical center if the child is in immediate medical danger due to drug and/or alcohol use.

For all children who require treatment, the FCM will:

1. Make the necessary referrals for counseling, treatment, and any additional medical services as soon as possible;
2. Update the child's Case Plan (SF2956) to reflect the necessary counseling and treatment services;

3. Ensure that the child receives services as recommended by the assessment provider;
4. Communicate regularly with the treatment provider, to monitor progress in recommended services; and
5. Communicate regularly with the parent, guardian, or custodian and resource family about the child's recovery progress.

If the child refuses treatment and/or continues to exhibit signs of drug and/or alcohol use, the FCM will:

1. Obtain consent for drug and/or alcohol testing:
   a. Consult with the CFT to determine if the child should be taken for drug testing,
   b. Obtain consent for testing from the child's parent, guardian, or custodian, and
   c. If the parent, guardian, or custodian refuses consent, consult with the CFT regarding the pursuit of a court order for testing see Related Information for additional detail.

2. Ensure that the following persons are notified of the outcome of the test results:
   a. The child,
   b. The child's parent, guardian, or custodian, unless parental rights have been terminated or the child consented to his or her own treatment and requests that the parent, guardian, or custodian not be informed, and
   c. The resource family.

3. Consider residential treatment programs according to separate policy, 8.4 Residential Care Review and Approval.

PRACTICE GUIDANCE

N/A

FORMS AND TOOLS

1. Case Plan (SF2956) – Available in MaGIK
2. Visitation Plan- Available in MaGIK

RELATED INFORMATION

Discussing Suspected Drug and/or Alcohol Use Prior to Testing

Best practice is to have an open dialogue with the child, parent, guardian, or custodian, and resource family present to discuss concerns about the child's suspected drug and/or alcohol use. However, the effectiveness and appropriateness of such an approach will depend on many factors. Examples include, but are not limited to, the extent and level of the suspected (or known) drug and/or alcohol use; the child's level of honesty; history of past interventions; the level of trust and rapport that exists between the child and his or her parent, guardian, or custodian and resource family; the parent, guardian, or custodian and resource family's attitudes toward drug and/or alcohol use, etc.

The purpose of having open dialogue is to convey to the child, in a non-threatening, non accusatory way, the concerns about the suspected drug and/or alcohol use. In a perfect world, if

the child is using, he or she may admit to using if he or she feels supported, safe, and assured that he or she is not "in trouble." An admission would prevent the need for drug and/or alcohol testing and could open the door to a discussion about voluntary treatment options.

In other cases, the best approach may be to have an "intervention" with the entire CFT present. See separate policy, 5.7 Child and Family Team Meetings.

Conversely, there may be situations where the best approach will be to test the child for drug and/or alcohol use immediately (without discussing it first). Factors may include, but not be limited to: the child has denied drug and/or alcohol use during previous discussions; the child's drug use is at such a level that immediate intervention is necessary; advance notice to the child will allow him or her to "detox" and pass the drug screen (certain drugs leave the body fairly quickly); etc.

Selecting a Testing Facility

Some DCS local offices have supplies and personnel who are trained to collect urine samples onsite. Other offices have contracts with specific community providers. The FCM should consult with his or her Supervisor to learn available options.

Scheduling and Transportation for Testing

The person who will complete these tasks will depend upon who has been informed of the child's suspected drug use. In an ideal situation, both the parent, guardian, or custodian and the resource family would be present with the child at the testing facility. This will depend upon the terms of the Visitation Plan and the level of involvement of the parent, guardian, or custodian.

Unwillingness to Participate in Treatment

The child should be referred to a therapist for counseling if he or she is unwilling to participate in treatment for drug and/or alcohol use.

Discussing Child's Substance Use at Child and Family Team Meeting

This issue should be handled on a case-by-case basis. If the FCM believes that a discussion about the child's drug and/or alcohol use is relevant to the topic(s) on the agenda, he or she should contact the parent, guardian, or custodian and the child in advance of the meeting to determine comfort level. If the parent, guardian, or custodian and/or child are not comfortable discussing the issue in front of the entire team, a solution may be to hold a smaller family team meeting to handle the issues relating to the child's drug and/or alcohol use.

Repeat Failures with Treatment Programs

The value of a treatment program must be carefully assessed when the child has a history of repeated failures in treatment and there is no substantial change in the child's circumstances or behavior since his or her dismissal from the previous treatment program. Under these circumstances, the appropriateness of a specific treatment program should be questioned if the program does not offer aftercare services.